

**FEC FORM 5**

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**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation LEAGUE OF CONSERVATION VOTERS INC		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C90005786         </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L STREET NW #800		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer _____ Occupation _____	

**4. TYPE OF REPORT (check appropriate boxes):**

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Report ☐ 48-Hour Report
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 

M	M
1	0

 / 

D	D
1	1

 / 

Y	Y	Y	Y
2	0	0	6

THROUGH

M	M
1	0

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	6

6. TOTAL CONTRIBUTIONS ..... 

.00
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7. TOTAL INDEPENDENT EXPENDITURES..... 

10654.00
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Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM****SIGNATURE****DATE**

Barbara McIntosh

10/12/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee  
Burnside & Associates

Date

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 6Mailing Address  
311 Tremaine Ave

Amount

10204.00

City

Los Angeles

State

CA

Zip Code

90019

Purpose of Expenditure  
paid canvassCategory/  
Type

001

Office Sought:

☒

House

State: CA

House

☐

Senate

☐

President

District: 11

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

96651.82

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 6Mailing Address  
3016 10th Ave

Amount

150.00

City

Billings

State

MT

Zip Code

59101

Purpose of Expenditure  
canvasser - pymt for svcsCategory/  
Type

001

Office Sought:

☐

House

State: MT

Senate

☒

Senate

☐

President

District: \_\_\_\_\_

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Tester

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

2224.43

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 6Mailing Address  
1834 Grand Ave

Amount

150.00

City

Billings

State

MT

Zip Code

59102

Purpose of Expenditure  
canvasser - pymt for svcsCategory/  
Type

001

Office Sought:

☐

House

State: MT

Senate

☒

Senate

☐

President

District: \_\_\_\_\_

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Tester

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

2374.43

(a) SUBTOTAL of Itemized Independent Expenditures .....

10504.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	6

Mailing Address  
420 S 15th St

Amount

75.00

City  
PhiladelphiaState  
PAZip Code  
19146Purpose of Expenditure  
canvasser - pymt for svcsCategory/  
Type 001
 Office Sought: ☒ House State: PA  
☐ Senate District: 07  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
SestakCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

3959.34

Disbursement For: ☐ Primary ☐ General☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	6

Mailing Address  
420 S 15th St

Amount

75.00

City  
PhiladelphiaState  
PAZip Code  
19146Purpose of Expenditure  
canvasser - pymt for svcsCategory/  
Type 001
 Office Sought: ☐ House State: PA  
☒ Senate District: \_\_\_\_\_  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
CaseyCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

3999.54

Disbursement For: ☐ Primary ☐ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

150.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

10654.00